

KANSAS DEPARTMENT OF AGRICULTURE
GRAIN WAREHOUSE PROGRAM
109 SW 9TH Street, 3rd Floor
Topeka, Kansas 66612-1281
Application for License for Operating a Public Warehouse
In and Under the Laws of the State of Kansas

Instructions: Answer all questions and submit with required financial statement.	
Business Name:	Headquarter Address:
	City, County, State, Zip
Telephone:	Fax:
Corporation _____ Partnership _____ Individual Proprietorship _____	
Date of Incorporation _____ FEIN #:	Date of Annual Report Filed with Secretary of State
Business President	Address and Phone
Business Vice-President	Address and Phone
Business Secretary	Address and Phone
Business Treasurer	Address and Phone
Name of General Manager	Address and Phone
Bank(s) with which banking business is done: Name of Bank	Address and Phone
Name of Warehouse:	Total Licensed Capacity:
Please list all locations, city & county. Use additional sheet if necessary.	
Amount of fire insurance coverage: Buildings _____ Fixtures _____ Equipment _____ Merchandise Inventory _____ Other _____	

I agree as a condition to the granting of a license, to comply with and abide by all the terms of the Kansas Warehouse Laws and the rules and regulations prescribed thereunder. I declare the above statements are true and correct to the best of my knowledge.

Your signature is authorization for background information as required under K.S.A. 34-228.

Signature _____
 Name _____
 Title and Date _____